



**Council Members Present**

Nan Kennelly, Cheryl Hess-Anderson, Austyn Kloehn, Tami Conrad, Krista Fremming, David Biberdorf, Senator Ralph Kilzer, Janna Peitzak, Skipp Miller, Shannon Binstock, Mandy Slag, and Denise Harvey

**Council Members Not in Attendance**

Representative Dick Anderson, Kevin McDonough, Jean Herauf, Lisa Anderson, Sarah Ring, and Nikki Brunelle

**Others Present**

Rebecca Quinn

**Call to Order**

1:18 PM, Chair, Nan Kennelly, quorum is present.

**Approve Agenda**

Shannon Binstock moved to approved the agenda with no additions, seconded by David Biberdorf, passed.

**Review of Minutes**

Skipp Miller asked for clarification on continuum of care and barriers meaning that the Council would be identifying services across the whole continuum and what barriers there are to accessing services. She also asked that Indian Health Services be included in any education and training list.

Shannon Binstock made a motion to approve the May 18, 2018 minutes. Seconded by Skipp Miller and passed.

Discussion regarding edit to the 7/20 minutes including change June to July in header and clarifying the old and new proposed definitions.

Shannon Binstock made a motion to approve the July 20, 2018 minutes with edits. Seconded by Skipp Miller and passed.

**Update from Subcommittees**

Education and Awareness

- The education and awareness committee met via conference calls on 7/11 and 8/9. During the 7/11 meeting a draft list of potential education audiences was developed and various educational modules were reviewed to discuss options for developing a process for having online trainings. Subcommittee will continue to explore options for training including online training and the possible use of the Project ECHO (Extension for Community Healthcare Outcomes) platform.

Continuum of Care (CoC)

- This subcommittee met on 6/8 and reviewed a list of currently available services.
- Meeting of brain injury providers group was held on 7/11 and included Lisa Anderson since she is the only member of the CoC subcommittee to not be a part of this group. This group reviewed screening criteria for accessing the Medicaid waiver and discussed barriers to services.

- Discussion held regarding maintaining separate groups or combining the two groups to be just the CoC subcommittee with outside members allowed. Consensus was to combine and not duplicate efforts.

#### **Discussion of council priorities and possible legislative impacts**

- Reviewed current brain injury items funded through legislation.
  - Reviewed handout of funding history and what currently funded brain injury legislation Power Point slide 9.
- Review possible brain injury related legislation
  - Discussion regarding bill proposal in Interim Health Services Committee to modify the state definition for brain injury.
    - Current Definition  
"Brain injury" means any injury to the brain which occurs after birth and which is acquired through traumatic or nontraumatic insults. The term does not include hereditary, congenital, nontraumatic encephalopathy, nontraumatic aneurysm, stroke, or degenerative brain disorders or injuries induced by birth trauma.
    - Proposed definition change  
"Brain injury" means an insult from physical force or internal damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature.
  - The North Dakota definition was changed to be more inclusive in 2015, but at that time nontraumatic encephalopathy, nontraumatic aneurysm, and strokes were excluded from the definition. Adding these to the definition will help to clarify any confusion on what services can be offered for these individuals and help with alignment with stroke services. The Heart and Stroke Association has been working to advance the stroke continuum of care in ND, but have focused efforts on the acute care response and coordination versus the brain injury network focusing on support for people post-acute. Expanding the definition to be inclusive of all brain injuries will allow for alignment of services across the continuum of care and avoid duplication.
  - Discussion regarding the term insult and the first sentence of the definition. Suggestion of removing the wording "an insult from physical force or internal" to make the definition more succinct.
    - "Brain injury" means damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature.
  - Shannon made a motion to approve the revised definition and support it being presented to the Interim Health Committee. Seconded by Skipp, motion passed.
- Reviewed guidelines regarding representing the council before the legislature
  - Bylaws I. Membership F: Any member of the Council wishing to represent the Council before a legislative authority or before any public forum (including hearings, meetings, media interviews, etc.) shall provide a copy of the proposed information to the Council Chair and seek written approval from the Chair before presenting any information.

**Upcoming Events**

- Concussion Discussion, September 13<sup>th</sup>, Bismarck
- September 21<sup>st</sup> Concussion Awareness Day-Proclamation sent to Burgum
- Dickinson Brain Injury Training, October 9<sup>th</sup>
- Advisory Council Meeting, November 16<sup>th</sup>
- Brain Injury Awareness Day at Capitol, March 26<sup>th</sup>
- Mind Matters Conference, March 27-28<sup>th</sup>


**No public comment was shared**

Janna moved to adjourn the meeting; Austyn seconded; Motion passed.

**Meeting adjourned at 3:55pm**

**Appendix A**

Slide 1



**NORTH DAKOTA  
BRAIN INJURY  
NETWORK**

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North Dakota Brain Injury  
Advisory Council Meeting  
August 17, 2018

*Help for Today,  
Hope for Tomorrow.*

Slide 2

## Welcome

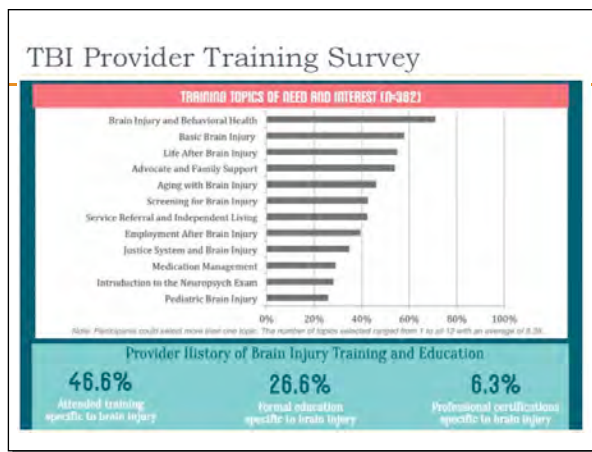
- Call to Order
- Approve Agenda
- Approve meeting minutes from 05/18/18 & 07/20/18

Slide 3

## Ed & Awareness Subcommittee

- Draft of target audience list
- Review of state and national training competencies & curriculum

Slide 4



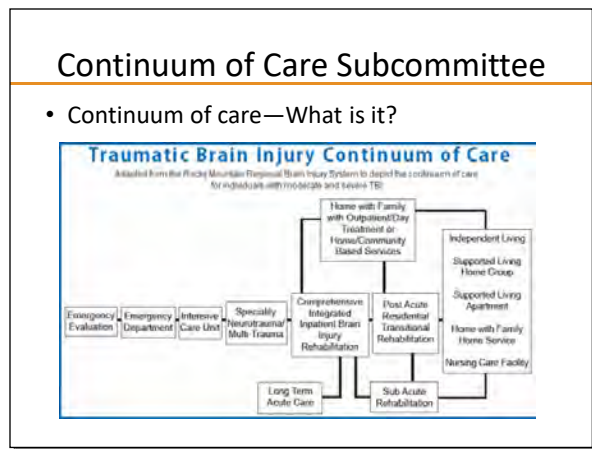
Slide 5

### TOP TRAINING TOPICS OF NEED AND INTEREST BY JOB CATEGORY

Topic	%	Percent	Topic	%	Percent
Assisted Living	20	75.8	Healthcare - OT, PT, Speech	16	54.3
Bi & Behavioral Health	22	106.7	Bi & Behavioral Health	17	81.7
Brain Injury	30	148.6	Screening for Brain Injury	16	82.1
Aging with Brain Injury	37	181.7	Advocate & Family Support	16	82.1
Medication Management	27	109.0	Screening for Brain Injury	16	82.1
Behavioral Health	33	165.5	Advocate & Family Support	16	82.1
Bi & Behavioral Health	37	181.7	Screening for Brain Injury	16	82.1
Brain Injury	37	181.7	Screening for Brain Injury	16	82.1
Life After Brain Injury	37	181.7	Screening for Brain Injury	16	82.1
Corrections, Law Enforcement, & Legal Services	8	39.0	Screening for Brain Injury	16	82.1
Justice System & Bi	8	39.0	Screening for Brain Injury	16	82.1
Basic Brain Injury	8	39.0	Screening for Brain Injury	16	82.1
Employment After BI	8	39.0	Screening for Brain Injury	16	82.1
Disability Support Services	8	39.0	Screening for Brain Injury	16	82.1
Bi & Behavioral Health	8	39.0	Screening for Brain Injury	16	82.1
Advocate & Family Support	8	39.0	Screening for Brain Injury	16	82.1
Aging with Brain Injury	8	39.0	Screening for Brain Injury	16	82.1
Domestic Violence & Sexual Assault	8	39.0	Screening for Brain Injury	16	82.1
Brain Injury	8	39.0	Screening for Brain Injury	16	82.1
Advocate & Family Support	8	39.0	Screening for Brain Injury	16	82.1
Bi & Behavioral Health	8	39.0	Screening for Brain Injury	16	82.1
Justice System & Bi	8	39.0	Screening for Brain Injury	16	82.1
Education - Admin, Educator, Coach	8	39.0	Screening for Brain Injury	16	82.1
Brain Injury	8	39.0	Screening for Brain Injury	16	82.1
Bi & Behavioral Health	8	39.0	Screening for Brain Injury	16	82.1

BAA Center for Human Development August 2017

Slide 6



Slide 7

### Review ND Available Services

- Skilled Nursing Care
  - Dakota Alpha, Mandan, 20 beds-11 beds for transitional rehab, 9 beds for long term placement
- Adult Residential Care
  - Dakota Point, Mandan, 10 beds
  - HI Soaring Eagle, Valley City, 10 beds
- Home and Community Based Services
  - Personal Care, Supervision, Transitional Living Supported Employment

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### Review ND Available Services

- Employment Services
  - Pre-vocational Skills Program-50 slots
  - Return to Work Program-50 slots
  - ND Vocational Rehabilitation
  - Extended Services Slots-6 slots

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### Current Brain Injury Funding Review

Programs	Budget
ND Brain Injury Network	\$ 583,494
Return to Work	\$ 375,000
Pre-Voc	\$ 363,105
Soc & Rec	\$ 70,000

In addition

- \$70,739 for continuation of BI campaign and workforce capacity
- Funds for 6 extended services slots

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### Brain Injury Definition Legislation

**Current Definition**

"Brain injury" means any injury to the brain which occurs after birth and which is acquired through traumatic or nontraumatic insults. The term does not include hereditary, congenital, nontraumatic encephalopathy, nontraumatic aneurysm, stroke, or degenerative brain disorders or injuries induced by birth trauma.

**Proposed definition change**

"Brain injury" means an insult from physical force or internal damage to the brain or the coverings of the brain which produces an altered mental state and results in a decrease in cognitive, behavioral, emotional, or physical functioning. The term does not include an insult of a degenerative or congenital nature.

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### Brain Injury Definition Legislation

Current definition has caused confusion and debate in whether or not an individual qualifies for services.

NDBIN non-qualifying referrals

- Fy 15-16=10
- Fy 17-18=6
- Fy 17-18=3

Employment Program non-qualifying referrals

- Fy 17-18=4

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### Representing ND BI Council

- Bylaws I. Membership F.
- Any member of the Council wishing to represent the Council before a legislative authority or before any public forum (including hearings, meetings, media interviews, etc.) **shall provide a copy of the proposed information to the Council Chair and seek written approval from the Chair before presenting any information.**